



The requirements for a facility closure should include the following documentation.

1. Submit the facility's closure plan and closure policy to IDOH (Indiana Department of Health) at [ltproverservices@isdh.in.gov](mailto:ltproverservices@isdh.in.gov). The closure plan will be acted upon by IDOH within 2 weeks of submission. The closure plan must be approved by IDOH before official notification to other parties is given. The closure plan must follow the facility's closure plan policies as outlined (as per the Centers for Medicare and Medicaid Services State Operations Manual Appendix PP: F846) and the items below:
  - a. Date of pending closure upon approval by IDOH.
  - b. Current Facility Census
  - c. Names of all current residents
  - d. Name and contact information of the individual overseeing the closure plans.
  - e. Names of the entities to be utilized to assist with appropriate relocation of the residents, including but not limited to, Ombudsmen (local and/or state), Area Agencies on Aging, Bureau of Developmental Disability Services, local mental health agencies, social service personnel and any other individuals that will be utilized for appropriate transfer.
  - f. Assurances that residents will be transferred to the most appropriate facility or other setting in terms of quality, services, and locations, taking into consideration the needs, choice, and best interest of each resident. (as per the Centers for Medicare and Medicaid Services State Operations Manual Appendix PP: F845)
2. **After the closure plan has been approved by IDOH**, submit written notification of impending closure **60** days prior to the date of the closure. (as per the Centers for Medicare and Medicaid Services State Operations Manual Appendix PP: F623, F845) to the Centers for Medicare and Medicaid Services (CMS), IDOH State Survey Agency, the state and local LTC Ombudsman, Adult Protective Services, residents of the facility, and the legal representative of such residents or other responsible parties. Please include a copy of the approved closure plan by IDOH.
3. Ensure no facility-initiated discharges occur until the closure plan is approved unless the facility cannot meet the high acuity needs of the resident.
4. Ensure no new residents are admitted to the facility on or after the date of the written closure notice.
5. Ensure that all residents receive proper transfer and discharge rights as set forth in 410 IAC 16.2-3.1-12 (Indiana Health Facilities Rules) (F622-624).

6. Ensure that all residents' personal effects, money, and valuables are inventoried upon transfer or discharge, per 410 IAC 16.2-3.1-9(g) and F846; and that all or any part of the residents' funds given to the facility for safekeeping are returned to the residents upon written request in not less than fifteen (15) calendar days after transfer or discharge, per 410 IAC 16.2-3.1-6(f)(2) or within 30 days after discharge (F569).
7. Send updates weekly to IDOH and the State Ombudsman that include a brief update on the discharge process. Include the current facility census, specific names of all residents, discharged or pending including, the date and location to which they were/will be discharged, and the names of all residents remaining in the facility still awaiting discharge planning. The information must include the service entities that are working with the residents or resident representative during the process, including, but not limited to, local/state ombudsman, Area Agency on Aging, and mental health service providers or any other entity involved in the discharge planning.
8. Submit a letter to IDOH on the date the last resident is transferred from the facility, to include:
  - a. A statement of the date the last resident was transferred; and
  - b. A listing of all residents transferred from the facility, the date transferred, and the name and address of the location or facility to which the resident was transferred.
9. Surrender to the Division, the facility's Health Facility License on or after the closure effective date.
10. Publish notice of the voluntary termination and closure in the local newspaper with the widest circulation as soon as possible, and, if time permits, not less than fifteen (15) days before the effective termination date (as per the Centers for Medicare and Medicaid Services State Operations Manual § 3046).

If you have any questions regarding the application process, please contact Provider Services by email at [ltproverservices@isdh.IN.gov](mailto:ltproverservices@isdh.IN.gov) .

**The above information should be sent to the below address or by email to**  
[ltproverservices@isdh.IN.gov](mailto:ltproverservices@isdh.IN.gov)

Long Term Care Provider Services  
Indiana Department of Health  
2 N. Meridian St., Section 4B  
Indianapolis, IN 46204